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ABSTRACT

Though developed specifically for Minnesota parents, parents in other states will also receive helpful information from this booklet on early intervention programs for children with disabilities. Topics covered include: (1) qualifications for admission to early intervention services; (2) legal rights of children with disabilities; (3) the individual family service plan (IFSP); (4) types of services available; (5) making a referral; (6) assessment of disabilities; (7) the IFSP team; (8) transition planning; (9) procedural safeguards; (8) resolving differences with service coordinators and school personnel; (9) due process; (10) appeals; and (11) interagency collaboration. The book also contains lists of printed resources, acronyms parents may need to know, and relevant terms. A list of suggested reading for parents and the actual Minnesota legislative language governing early childhood education for children with disabilities is included. A list of all the federally funded parent training and information centers is included in the appendix. (CR)

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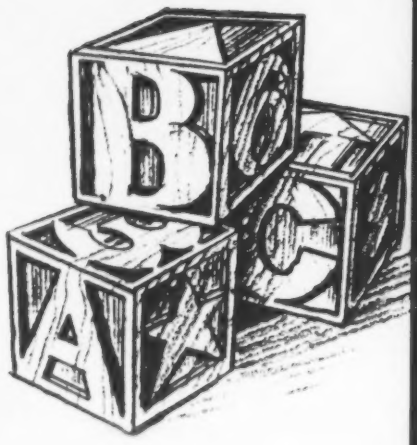

FAMILIES IMPORTANT

An Early Childhood Guidebook for Families of Young Children with Disabilities

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FAMILIES are IMPORTANT

An Early Childhood Guidebook for Families of Young Children with Disabilities

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Printing donated by ReliaStar Financial Corp.

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Introduction: You Are Important!

As parents, you are the most important people in your children's lives. You know your children better than anyone else. You laugh and cry with them. You share their joys and challenges.

Children are a big responsibility. You make sure your children are safe and have good care. You watch to see that they grow and develop as they should for their age. This is a big challenge!

It can be an even bigger challenge if you know your child has a disability or if you think your child is not developing like other children the same age. It's hard to know what your child should be doing and what to expect. You may feel alone and not know where to turn for help.

This booklet will help you find services to assist you and help your child learn and grow. Parents are their children's best and most important advocates, but you need information and support. We hope this booklet will be a helpful guide for your journey through your child's early years. Though developed for Minnesota parents, parents in other states will also receive helpful information. A list of all the federally funded parent training and information centers is included in the Appendix.

Early Intervention and the Law

The law says that infants, toddlers, and preschoolers who have a disability or who have delayed development *may be eligible* for early intervention services. Early intervention is a collection of services designed to meet the developmental needs of an eligible infant or toddler with a disability. Early intervention can also support families as they help their children to grow and develop.

These services are available through:

- local school districts and schools,
- community health or social service agencies and organizations, and
- other public and private providers.

Children may qualify for early intervention services if they:

1) have a delay or disability in one or more of the following areas: sensory, physical, mental, or social/emotional development; or

2) have a diagnosed condition which has a high probability of resulting in developmental delay; and

3) meet state eligibility criteria (see "Minnesota Special Education Rules").

The Law Leads the Way

The laws recognize the important role families play in their children's lives. Families become team members with professionals. This means you have an important role to play in deciding what your child needs.

There are federal and state laws that are important to know about. They require that children who have disabilities receive certain services and have rights.

The Individuals with Disabilities Education Act (IDEA) of 1990 and 1997 is the federal law that addresses early intervention services for young children. The section of the law covering children ages birth through two was called Part H of IDEA. This was renamed Part C after the 1997 reauthorization of IDEA. Part B of IDEA covers education services for ages three through 22. Each state passes its own additional law and writes rules telling how the federal law will be carried out. (For more information, see "In More Depth" in this booklet.)

At the Heart of the Matter . . .

There are several important features of Part C. The system is designed to be family-driven. This means *parents should be involved every step of the way*. Because parents know their child's strengths, interests, and frustrations, they must be included in developing the outcomes for their child and in planning services.

The **individual family service plan (IFSP)** is a process and a written plan which includes the resources, strengths, and needs of families to meet the developmental needs of their child. The IFSP is a promise to children and families that:

- the strengths of each will be recognized and built upon,
- their needs will be met in a way that respects their beliefs and values, and
- their hopes and aspirations for their child will be encouraged.

This means the child is looked at within the bigger family picture. Sometimes called *family assessment*, key pieces include family background, lifestyle and cultures; what the family thinks is important; and desired goals for child and family.

The IFSP should be developed through collaboration between the family and professionals. You will work together to study your child's needs and how to help him or her grow. The IFSP team must include parents, other family members as appropriate, a service coordinator and other persons conducting evaluations and assessments, service providers, and others you may wish to include, such as an advocate.

One other key element of Part C states that services are to be provided in the child's *natural environments* such as the home and community settings where children without disabilities participate.

This law brings together services from the agencies of education, health, and human services. Because the three agencies are working together in a coordinated and comprehensive way, families have easier access to services. This is called *interagency cooperation*.

What Kinds of Services are Available?

Many services are available depending on what your child needs. They can be health services, human services, or educational services. Health services might include public health nursing or nutrition education. Human services can include financial assistance or respite care. Special education services focus on learning skills in any area of development.

Because the family is so important to a young child, services are offered for families too. These services help families become better able to help their children. Families may receive help in areas such as finding child care, suggestions on sibling issues related to the child's disability, or in-home support services.

Depending on the needs of the child and family, a variety of services may be provided. Some will be free, such as special education through the public school, and others may require the parents to pay a fee.

Taking the First Steps

Do you think your child might need help? For example, does your child:

- have a disability you know about?
- cry or whine much of the time?
- won't let anyone hold or touch him?
- have difficulty sitting up (by the age of one)?
- not seem to be able to hear, see or understand?

Making a Referral

If you think your child might need help, you can call your school district, county human services, or public health office. Many communities have a central place for making referrals.

You will be asked basic information such as your child's name, birth date, and your name, address, and telephone number.

Another person can call and make the referral for you. Referrals can also be made by doctors and others who work with young children such as child care providers.

As soon as possible, usually within a few days of your call, a person will call to talk with you and/or arrange to meet you and your child. This person is usually called a service facilitator or service coordinator. He or she may be a public health nurse or an early childhood special education teacher. When you talk, you will be asked questions about your child such as what your child can do and why you are concerned. You can ask questions too. You may be asked to complete some forms to give more information.

Based on this contact, you and the facilitator will decide whether to continue this process and do a *screening* or an *assessment*. Or you may decide that a referral to another community agency meets your needs.

Screening: A Quick Look

When a screening is done, a developmental checklist or another tool may be used. You may be asked to sign a form giving your permission for the screening to take place. Based on the results, the professional doing the screening will make a decision about whether your child needs to be assessed. If you disagree with the decision, you can ask for a meeting to talk about the decision and your concerns. You may also wish to call and talk with an advocate from PACER or another parent center.

All screenings are reviewed by a team of professionals; sometimes this is called an *interagency review team*. The team will include someone from the three agencies involved in early intervention: education, human services, and health. This is usually an administrative level meeting, but you can ask to attend by calling the service facilitator.

Some children pass the screening and their development is within normal limits. If your child passes the screening but you would still like to see that he or she gets some extra help, the team should tell you about other ways you can find resources in your community.

You can also ask that the team review your child's development again at a later time. Sometimes this means that your child will receive follow up or that his or her development will be monitored or tracked.

Assessment: A Closer Look

If the decision is made for an assessment to be done, your child's development will be looked at more closely. This should be scheduled at a time convenient for you and may be done at your home, your child's day care, or another location. You will be asked to sign a form giving your permission to conduct this assessment.

Children who have a diagnosed medical or developmental disability may move directly to assessment. When a child has been diagnosed with a developmental delay or a disability, a referral to the central intake point should be made within two working days. This referral is usually made by the medical professionals providing services to your child.

Assessment: 'How is My Child Developing?'

Once your child has been referred for assessment, all evaluation and assessment must be completed and a meeting held within 45 calendar days of the referral.

If the child qualifies and you want to receive services, a team that includes you, the parent, will meet to discuss the assessment information and to write an Individual Family Service Plan (IFSP).

An assessment can be done in all areas of development or in only one or two areas. Each area of development you have concerns about should be assessed.

What Is An Assessment?

An assessment is a way of learning about your child. The assessment team will want to find out what your child can do and what he or she has trouble doing. They need to know your child's strengths and needs.

A professional will arrange to spend some time with you and your child. He or she might play with your child at your home or another place where your child is comfortable. The person will observe what your child likes to play with, what he or she can do with his or her body, and how he or she responds to people.

You will be asked for information, too. Try to have medical reports available and any other information you think may be useful.

Please note:

- What you know about your child can be very helpful. If your child has a disability, learn all you can about it. PACER and other parent centers have lists of disability specific groups.
- All information you share must be kept confidential.

What You Know Can Help!

Here are some ideas of what you could share:

- What concerns me most about her?
- What is she really good at?
- When did he first sit up, walk, or say his first words?
- How does she play with other children?
- How does he act when I leave him at child care?
- What is her favorite thing to do? Who is his favorite person?
- What kind of help do I think he needs?

This is a good time for you to ask questions.

- Should I be concerned because my child is not doing this skill?
- Could my child's health history be related to his or her development?
- What are other children doing at this age?
- Why doesn't my child know how to do this?

Please note:

- If you need an interpreter, you can request one through your facilitator or service coordinator.
- You never have to share any information that you are not comfortable sharing!
- You can ask questions, too!

Testing may not discriminate against your child because of disability or culture. For example, Hmong families may encourage their young children to stay close to the mother rather than encouraging early independence. On an assessment it may appear that the child has a developmental delay when in fact it may be a cultural difference.

Assessment Results and Qualifying for Services

An assessment will tell how your child is developing, what skills your child knows, and to what level he or she has progressed. This is called your child's "current level of performance." It is a picture of the child's development at this time. The team will gather the assessment information and compare it to state eligibility criteria (see "Minnesota Special Education Rules") for early intervention services. You should receive a copy of the assessment summary report. You may wish to request that you

receive it prior to the meeting so you have time to read it just as other team members do.

Assessment may find that some children are developing within normal limits. Some children ***may not qualify*** *for services because their delays are not severe enough.* Usually the service facilitator will meet with a family to explain why the child is not eligible. If your child will not receive services, the team should tell you about other ways you may be able to receive help for your child. You can also ask the team to review your child's development again at a later time.

Read the assessment report to see if it is complete and accurate. If you do not agree with the assessment, tell the other team members. Maybe more information about your child is needed. In certain instances, you have the right to ask that your child receive an independent, outside assessment paid for by the school district. If you disagree with the assessment information or if the district does not have staff who are qualified to do the assessment, you can ask for your child to be assessed by someone else. If the school is going to pay for this assessment, you and the school will have to agree on the person selected. You may also choose to pay yourself to have your child assessed by an outside source. In this case, the team must consider the assessment information in planning but not necessarily implement the recommendations.

Children may qualify for service under non-categorical early childhood special education (ECSE). This means the child is not identified as having a specific disability. However, a child can also qualify for service under a specific disability category, such as autism.

If your child does qualify for early intervention services and you want to receive these services, a plan will be written (see next chapter). The Individual Family Service Plan (IFSP) is a single plan that has all services written in it, no matter what the service is or who provides it.

If you choose not to receive early intervention services, the team should explain to you your rights and responsibilities. You should be referred to other community resources if you so desire.

Information I want to share . . .

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

Questions I want to ask . . .

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

Made Just for You . . . the IFSP

The Individual Family Service Plan — the "IFSP" — is the heart of early intervention. The IFSP is a plan written especially to meet the needs of your family and your child. It will spell out the services your child and your family can expect. It will be a map to guide you and the professionals working with you.

The IFSP should be the result of cooperative planning between you and the team of other people who are learning about your child. You will work together with professionals to find what you need to help your family reach your goals.

The purpose of the IFSP meeting is to talk about, as a team, all important information, concerns, and resources. Your child's assessment will be discussed. Other topics will include outcomes for your child and family, what services are needed, and how the services will be provided.

The IFSP team will talk about your child's strengths and needs. What are the concerns? What is your child's current level of performance? You will share your ideas with the group. The people at the meeting will also talk about what your child can do. These are his or her strengths. Be sure to tell them what you think your child does well!

Here's what should happen:

- Your family's strengths and resources will be used as building blocks.
- You will be asked for your ideas and concerns.
- You will know about meetings.
- You will know who to call for help.

- Your priorities, beliefs, and values will be honored.
- Your hopes will be encouraged.

An IFSP is:

- both a process and a document;
- a plan of services and supports; and
- a help for families and children in their natural daily environments.

Ready . . . Set . . . Go!

To prepare for the IFSP meeting, the service facilitator will talk with you about who you would like to attend the meeting, what the agenda will be, and the meeting time and location. The facilitator will also make arrangements for the meeting and notify all team members in writing.

Meetings should be at a time and a place that is convenient for you. If it is scheduled at a time that is not good for you, let the facilitator know so it can be rescheduled. There also might be more than one meeting.

In order to develop a good IFSP, you and other members of the team will need to share information about your child. As the parent, you will need to think about:

- what you want your child to learn;
- what help he or she needs;
- other areas in which your child and family may need support (for example, sibling concerns or how grandma will be taught to administer medication while providing child care); and
- who you would like on the IFSP team.

Think about these things carefully. Is there anything that the team should know before the IFSP meeting? Call the facilitator or your contact person and let him or her know your thoughts.

Thoughts About My Child . . .

Strengths: _____

_____

_____

_____

Needs: _____

_____

_____

_____

Thoughts About My Family . . .

Strengths: _____

_____

_____

_____

Needs: _____

_____

_____

_____

Who Will Be There?

There will be a meeting to plan the IFSP, and you should be there. Other people will be invited to the meeting who know your child or could help decide what services would help him or her. They may include:

- early childhood teacher
- child care provider
- doctor or nurse
- therapist
- personal care attendant
- Head Start teacher
- advocate

Who comes to the meeting depends on what your child and your family needs and on whom you want to attend. This should be discussed with your facilitator. Not all agencies need to be represented at every meeting.

You can suggest other people who would be helpful in planning for your child and know what he or she needs. It could be someone who cares for your child, another family member, a friend, or a professional with experience in working with your child's disability or cultural background.

Outcomes: Desired Changes for My Child and Family

Outcomes describe changes desired by your family. You and the team will talk about what you hope your child will accomplish. You can also identify outcomes for your family. The team will write these down. You will put them in the order of what is most important. Here is what an outcome could look like:

- "Sam will learn to sit up."

Objectives: How We Will Reach the Outcome

You and other team members will list at least two objectives for each outcome. *Objectives* are steps or ways of reaching outcomes. Here's what objectives could look like:

- "Mrs. Brown will be taught three exercises that will strengthen Sam's back muscles by May 1."
- "Sam will learn to balance in a sitting position while someone holds his hands by April 15."

Services

After you decide on the outcomes and objectives, you will talk about what kinds of *services* could help your child do these things. You will talk about different people who could help make the outcomes and objectives happen. Then you and the team will pick people to work with your child. You should be able to have services fitting your values, beliefs, and goals for your child.

For example, in order to teach Sam to sit up, the team decided to have a physical therapist work with Sam at his home two times a week. The therapist will also teach his mother ways to help Sam sit up.

In Minnesota, services can include *core services* and *appropriate services*. Core services are to be provided at *no cost* to families with eligible children. These core services include:

screening
identification and referral
assessment
evaluation
special instruction and related services
service coordination
due process

Special instruction and *related services* are important terms to know. Special education instruction is any specially designed instruction to meet the unique needs of a child with a disability. These services are provided by special education staff. Related services are those services designed to enable a student to benefit from special education instruction. Some examples are physical therapy, occupational therapy, assistive technology, and transportation.

For example, Sam may also need assistive technology. Because he has difficulty using his hands to play with toys, he may need switch-activated toys. Services could include providing toys for the family to use, connecting the family to resources for modifying toys, and teaching Sam how to play with these toys.

Appropriate services are those services that are necessary for a child to benefit from early intervention and meet the child's and family's needs. These can include:

assessment
assistive technology devices and services

speech language pathology and audiology
service coordination
counseling
early identification
family training
health services
home visits
medical services for diagnosis and evaluation
nursing
nutrition
occupational or physical therapy
psychological services
respite
screening
social work services
transportation and related costs
vision services
orientation and mobility services

Some services such as occupational therapy and vision services may be either core or appropriate services. If you have questions, ask your service coordinator or call an advocate from PACER or another parent training center.

Interagency cooperation means agencies will work together to pay for the services children need. Education must pay for special education and related services but can access private insurance and Medicaid. Health and human services do not fund special education services, but they may fund other available services.

The law says services for your child should be provided in places where other children would be at the same age. This is called the *least restrictive environment* (LRE). Services could be provided in the home or wherever your child is during the day, such as at a babysitter's house or a child care center. Sometimes this is called a *natural environment*. Whenever appropriate, your child should have contact with typical children of his or her age.

Services can be delivered in a variety of settings. The setting must be appropriate to meet the needs of the child. Most services for children ages birth through 2 are provided in your home (called home-based) or at your child's day care. Usually beginning at age 3, children can also receive services in center-based early childhood special education (ECSE) classrooms or in community-based programs, such as a preschool.

If your child needs to be in the hospital for a long time, you may want to ask that services be provided there if appropriate. Services can also be delivered in a combination of settings, such as a child who attends both an ECSE and a preschool program.

The two kinds of special education services are *direct services* and *indirect services*. Direct services are given by a teacher or a related professional and provide instruction given to the child.

Indirect services are provided by a teacher or related services professional to parents, family members, another teacher, or related services professional. Indirect services include cooperative planning, consultation, and modification and adaptation of materials, equipment, or curriculum. It can also include direct pupil contact to monitor, observe, and follow up.

When children need services not available within the community, teams must create appropriate arrangements. You must be offered a choice of programs and services for your child. If the appropriate choice does not exist, one must be created. You do not need to accept inappropriate or no service because the appropriate choice is not ready.

Each family's service plan should be one-of-a-kind created to meet your family's needs and wishes. You can choose to use some services offered and refuse others.

The team will then set timelines. When can you expect services to start? How often and where will they be delivered? How long will they last? When does the team hope your child and family can achieve the outcomes? When will your team meet again to review the plan?

Service Coordination

You will also be asked to choose a service coordinator. This person can be a professional or another parent who has been trained as a service coordinator. He or she will keep the IFSP process flowing smoothly by arranging meetings and communicating with team members. He or she will locate community resources, information, and other services to help your family and your child. You can call your service coordinator with questions or problems.

The service coordinator assists and enables the child and family to receive the rights, procedural safeguards and services authorized under the state early intervention program.

After the Meeting

After the meeting, you will be sent a copy of the IFSP. You decide whether you want the services outlined in the IFSP. If you agree, you will sign the IFSP, and the services will begin.

If you are not happy with the plan, you should check the form saying you disagree with the plan and are requesting a meeting to discuss your issues.

What Must Be In the IFSP?

- Information about your child's developmental status.
- Family information (with family consent).
- Outcomes your child and family will achieve.
- Specific services to meet the needs.
- Dates and times and how long the services will last.
- Payment arrangements.
- Service coordinator's name.
- Transition planning at age 3.
- Required signatures (parent and authorized persons for agencies providing early intervention services).

You can also call or write to your service coordinator about your concerns. Always keep a copy of any letters you send. See "Resolving Differences" in this book for more information.

IFSP Annual Evaluation and Periodic Review

The services you agree to will start once you sign the IFSP. The team evaluates the IFSP once a year. This is sometimes called an *annual evaluation*.

Also, a *periodic review* must be done every six months (or more often if needed). Periodic reviews are done by the family and the service coordinator or by the team. The purpose of the periodic review is to look at the progress made toward the outcomes. You will help decide whether any changes need to be made in outcomes or services.

The service coordinator will schedule the annual evaluation and periodic review and notify the team members about these meetings in writing.

Transition Planning at Age 3

Transition planning should begin at least 90 days before the child's third birthday, or, at the team's discretion, up to six months before the child's third birthday. This is to help prepare for a smooth move from an early intervention program to a preschool program. The IFSP must include a separate page of information related to the educational funding changes that take place at age 3 (from Part C to Part B). In most instances, center-based programming would be discussed at this time.

IFSP: Not Written In Stone

You can request to change the IFSP even after you sign it. The IFSP can be revised any time there is a need to do so. The IFSP should be flexible enough to change with your child.

If things aren't working out, call your service coordinator. Tell him or her what is wrong, and talk about your concerns. A team meeting can be held to make formal additions or changes to the IFSP document.

Think about these things before you meet:

- Is my child making progress?
- Would changes make things better?
- What changes can I suggest?

For information on solving problems, see "Resolving Differences" in this booklet.

Please note:

In Minnesota, children ages birth through 2 who qualify for service must have an IFSP. After age 3, some children have an Individual Education Plan (IEP) instead. This only covers special education services in the public schools. You may also have a plan for county or health services. Some communities write IFSPs for children ages 3 to 5. Children can continue to receive Early Childhood Special Education to age 7.

Be a Good Team Member

1. Attend all the meetings about your child.
2. Learn more about your child's disability.
3. Be a good listener. Ask questions. Listen to what other people say about your child.
4. Share what you know about your child. You are an expert about your child! Tell the team what he likes or does not like, the ways he learns best, and what he does well.
5. When you don't agree, talk about it. Look for compromise in ways that are all right for your child and family.
6. Know your rights.
7. Keep good records of all meetings and conversations. Date them.
8. Put requests in writing if you can, and keep copies.

Important Rights!

These early intervention laws give families very important rights. These are your rights:

- You must be included in planning services.
- Your views must be respected.
- You must receive the information you need to play an active role.
- You must give your permission before service begins.
- You can say no.
- You can change your mind.
- You can receive help in resolving problems.

You have these rights too:

- If your child is eligible for early intervention services, the IFSP must be written within 45 days of when he or she was referred.
- Someone must tell you in writing before a service can be changed. You may disagree.
- The professionals involved in serving your child must make sure you understand all information about the services.

Procedural Safeguards

Parents have the right to:

- Free Appropriate Public Education
  Your child with a disability is entitled to a free public education appropriate to his or her individual needs.
- Least Restrictive Environment
  To the extent appropriate, your child should be educated with children who do not have disabilities. This is often referred to as education in the least restrictive environment (LRE).

- Nondiscriminatory testing
  Tests given to your child must not discriminate on the basis of his or her disability or racial or cultural background.
- Examine records
  You can ask to see the records kept on your child and family, to have them explained, and to obtain copies. You can ask to have inaccurate records changed or more information to be included.
- Written prior notice
  You must be notified in writing regarding any evaluation services or any changes in your service plan.
- Use of parent's native language or preferred mode of communication
  Your native language or preferred mode of communication must be used so you can participate in making decisions about your child's program. If possible, information should be provided in the language or way of communicating (i.e. sign language, Braille) that you use.
- Written consent
  You must give your consent in writing before any evaluation is done or services are provided. Make sure you understand what will happen as a result of your agreeing to give or not give your consent.
- Confidentiality and release of information
  Records kept on your child and family cannot be shared with others unless you give written permission. This includes the right to written notice of and written consent to the exchange of information among the agencies working with you and your child.
- Surrogate parents
  Children who are under the guardianship of the Commissioner of Human Services (wards of the state) or whose parents are unknown or totally unavailable must be represented in the educational process by surrogate (substitute) parents. They are appointed by the school district.
- Independent educational evaluation
  You may obtain an independent (outside) assessment if there is a disagreement with the school's assessment results. This must be paid for by the school district or secured at no cost to you, unless, through a due process hearing, the school's evaluation is found to be appropriate. If you choose to pay for an outside evaluation and request that it be placed in your child's record, it must be considered in planning.
- Accept or decline services without risk
  You can accept or decline services which are recommended by the team to meet the needs of your child and family. You may decline some services and accept others. Services may be reviewed and changed at any time.
- Appeal process
  You and the school are entitled to make use of appeals when differences cannot be resolved.

Resolving Differences

If you have a concern, or if you disagree with the plans for your child, call your service coordinator. When differences arise, try first to resolve them informally with the service coordinator.

Parents and school personnel should work to resolve disagreements. This could occur when you:

- have refused consent to an assessment;
- believe that the school's assessment is inappropriate and you want the school to pay for an outside assessment;
- have indicated disapproval of an IFSP in writing;
- believe your child is not receiving appropriate service; or
- think additional services are needed.

To request a school conference or meeting regarding your child's program, send a letter to your service coordinator outlining the areas with which you disagree. Keep a copy for yourself.

If you can't work out problems this way, call an advocate such as a parent advocate at PACER or your state's parent training center. The advocate will help you decide what you can do and help you know your rights.

If informal procedures are not successful, there are procedural safeguards and parent appeal processes. These are outlined. In Minnesota conciliation is solely an educational process, while the other types of due process options can be interagency in nature.

Conciliation in Minnesota

The conciliation conference is your opportunity to "iron out" disagreements with the school. This conference is not required but is definitely recommended to resolve any problems relating to your child's educational services. It must be held within ten calendar days of your written request. You have the right to bring anyone you choose, such as a relative, a friend, advocate, or other representative, to a conciliation conference. Parents and school personnel discuss their viewpoints at the conference and attempt to find a solution. More than one conciliation conference may be held if the first conference does not resolve the problem. A conciliation conference should never delay or stand in the way of your right to a due process hearing.

Mediation

Mediation is a process for resolving differences between two or more parties. This process can be used when you disagree with one or more agencies or when agencies disagree with each other. Participants are helped to understand various points of view and are supported in exploring options to reach a mutually satisfactory agreement.

When you and any of the agencies (education, health, or human services) involved are unable to resolve differences, any of you may request mediation. Both you and the agency involved must agree to mediation. Mediation will be at no cost to you or the agency. Mediation does not change your right to a due process hearing. Part C mediations must take place within twenty days. The mediator is an objective, specially trained person who will try to help both parties resolve the concerns.

The mediator is not a decision-maker. The mediator is trained to assist parties to find a solution agreeable to both sides.

Information on mediation in Minnesota is available from:

Office of Dispute Resolution
State of Minnesota
340 Centennial Building
St. Paul, MN 55155
(612) 297-4635 V.

Due Process Hearing and Review

A hearing could be used to resolve issues regarding identification, evaluation, placement, or the provision of appropriate early intervention services to your child and your family. You may request a due process hearing at any time if you have not been able to resolve differences.

The due process hearing is more formal than a conciliation conference or mediation. An impartial hearing officer serves as a neutral third party to hear both sides and issue a decision. The decision must be issued in writing within 45 calendar days of the hearing request. (A 30-day time frame is encouraged for young children as stated in federal rule.)

If you are involved in a due process hearing, it is advisable to be represented by an attorney who is familiar with special education laws. You should realize that the agency or agencies involved will most likely be represented by an attorney. Agencies must tell parents that the federal law (IDEA) allows for the reimbursement of attorney's fees if parents prevail (win) in the hearing and/or appeal.

To request a due process hearing, send a letter to the due process contact person designated by your local Interagency Early Intervention Committee (IEIC). Your local IEIC can give you the name, address, and phone number of this contact person. Call your service coordinator, special education director, or PACER for more information.

The contact person will notify the Minnesota Department of Children, Families and Learning. You may do this yourself by contacting:

Manager: Office of Monitoring & Compliance
Dept. of Children, Families and Learning
533 Capitol Square Building
550 Cedar Street
St. Paul, MN 55101
612-296-6946 Voice/612-297-2095 TTY.

If parents or agencies are not satisfied with the decision of the hearing officer, the decision may be appealed to the Commissioner of the Minnesota Department of Children, Families and Learning within 30 calendar days of receipt of the written decision. The commissioner will then appoint a hearing review officer who will issue a final decision within 30 calendar days. The officer may ask for additional evidence and makes a decision based on review of the hearing record.

Courts

If you have exhausted the appeals listed above, you may also take your issue to the courts for a determination.

Other Kinds of Appeals

In addition to the due process procedures, two other avenues of appeal may be open. Here, too, you should first attempt to resolve differences informally.

The *State Complaint Procedure* can be used when a rule or law has been broken. The complaint procedure may be used by any individual (parent, teacher, or other person) or by an agency or organization. The Minnesota Department of Children, Families and Learning coordinates with other state agencies to review and resolve the complaint. Each state agency conducts a process to resolve specific complaints filed regarding the services provided by its local agency.

Complaints should be addressed in writing to:

Manager: Office of Monitoring & Compliance
Dept. of Children, Families and Learning
528 Capitol Square Building
550 Cedar Street
St. Paul, MN 55101
612-296-6946 Voice/612-297-2095 TTY.

A complaint officer will investigate and issue a report to both parties within 60 days of receiving the written complaint.

Also, *Section 504 of the Rehabilitation Act of 1973* offers a procedure for instances in which a person is discriminated against solely on the basis of his or her disability. To file a complaint, address the complaint in writing to:

Office for Civil Rights
United States Department of Education
Room 700C, 401 South State St.
Chicago, IL 60605-1202
(312) 886-8434 V or (312) 353-2540 TTY.

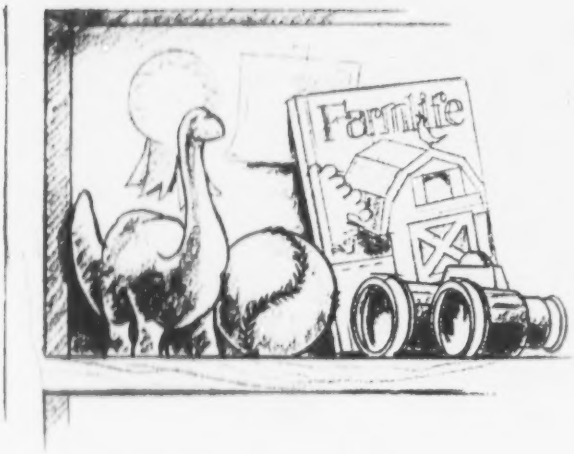
Local and State Interagency Dispute Procedures

A local interagency dispute occurs when the local school board and the county board are unable to agree as to who is to coordinate, provide, pay for, or facilitate payment for services from public and private sources. The local agencies may request a mediation process to resolve the dispute. If disputes cannot be resolved, the Commissioner of the Minnesota Department of Children, Families and Learning reviews the matter with the Minnesota Commissioner of Health and the Minnesota Commissioner of Human Services and makes a decision. This decision is binding unless appealed to the state court of appeals.

A state interagency dispute occurs when the state agencies involved cannot agree on an issue. When this occurs, the final decision rests with the Governor.

For more information and who to contact if these situations arise, contact your local special education director or PACER.

In More Depth



The laws described in this booklet are part of federal and state statute. First passed in 1986 by the United States Congress as Part H (renamed Part C of IDEA after 1997 reauthorzation) of P.L. 99-457, they were designed to encourage states to develop family-centered, community-based programs.

The purpose of these laws is to enhance the development of infants and toddlers from birth to age 3 who have disabilities and to help them lead productive lives in the community. In addition Part C recognizes the importance of families in meeting the needs of their young children.

The legislation (Amendments to the Education for all Handicapped Children's Act of 1986) was a phase-in program to help states develop comprehensive, statewide systems of early intervention services. Each state plan must set up collaboration between the three main service providers in each state for young children: Human Services, Health, and Education.

The federal law (renamed Individuals with Disabilities Education Act, IDEA, in 1990 and reauthorized in 1997) lists minimum components for a statewide system serving families who have young children ages birth through 2 with disabilities. They are:

- definition of the term "developmentally delayed"
- timetables for serving eligible children
- timely, comprehensive, multidisciplinary evaluation of the infant/toddler/family
- an IFSP which includes appropriate service coordination
- a comprehensive child find system
- a public awareness program
- a central directory

- a comprehensive system of personnel development
- a lead agency for administration, identification and coordination of resources, assignment of financial responsibility, procedures, resolution of intra-inter agency disputes and interagency agreements to define financial responsibility
- procedural safeguards
- personnel standards
- data collection on numbers of infants/toddlers/families in need of appropriate early intervention services
- policies for contracting with service providers
- supervision and monitoring of programs

In each state one of three agencies (Education, Health, or Human Services) serves as the "lead agency" and is responsible for the general administration, supervision, and monitoring of programs and activities; the coordination of all resources and the assignment of financial responsibility to appropriate state agencies; and the resolution of disputes. In Minnesota the lead agency is the Department of Children, Families and Learning (formerly the Department of Education).

In 1994 Minnesota began full implementation of a Part C system for infants and toddlers and their families.

Interagency Collaboration

Minnesota has an interagency agreement between the Departments of Children, Families and Learning; Health; and Human Services. Originally passed in 1987, this agreement defines the goals, objectives, and activities of each department in the planning and delivery of early intervention services. It also includes a plan for determining financial responsibility, resolution of disputes, and procedural safeguards.

Minnesota and other states have an Interagency Coordinating Council (ICC) made up of members who are appointed by the Governor. In Minnesota this council is called the Governor's Interagency Coordinating Council on Early Childhood Intervention. At least 20% of the members must be parents of children with disabilities whose age is birth through 12. Other members represent public and private agencies and service providers, the legislature, advocacy organizations, and higher education.

The ICC advises and assists the lead agency to develop, implement, and finance a system of delivering services for children from the ages of birth through 5 and their families.

It recommends policies which address how to incorporate each agency's services into a unified state and local system. These include:

- multidisciplinary assessment practices,
- individual family service plans,
- ways to find children who need services, and
- ways to improve public awareness.

At the local level, Interagency Early Intervention Committees (IEICs) meet to plan and coordinate local early intervention services. Parents must be included on these committees. Call your service coordinator, special education director, or parent training center such as PACER for more information on how to become involved in your IEIC.

Part B of IDEA

Before 1975, children with disabilities were not guaranteed the right to a public education. Federal law requiring free, appropriate public education for children with disabilities was written in Public Law 94-142, the Education for All Handicapped Children Act, passed in 1975 (known now as IDEA). It states that, "All children, no matter how severe the handicap, are entitled to a free, appropriate education in the least restrictive environment...and their parents are entitled to due process rights." It requires state and local education agencies to provide special education and related services from birth to age 22 or the completion of high school.

Minnesota Special Education Laws — Chapter 3525

The Minnesota state law follows the federal legislation and is known as Chapter 3525 (Minnesota Special Education Laws). The state's special education law was originally passed in 1976 and defines how IDEA will be implemented in Minnesota. After the early intervention law was passed, Minnesota law was changed to require special instruction and services to begin at birth, and it created the state Interagency Coordinating Council. It also establishes responsibilities between county human service agencies, public health agencies, and school districts.

Section 504

Section 504 of the Rehabilitation Act passed in 1973. This is also known as the Civil Rights Act for people with disabilities. The act states that "no otherwise qualified handicapped individual shall be discriminated against in any federally funded program." The areas covered under the act include employment, education, housing, and accessibility to public accommodations.

Americans with Disabilities Act

Another federal law that is important to people of all ages who have a disability is the American with Disabilities Act (ADA) of 1990. This law covers access to public and private buildings and programs. It also covers areas such as child care, transportation, housing, and employment.

Please note:

Federal and state laws are constantly changing. They are modified through legislative changes, federal agency policies, and court decisions. PACER and the other parent training centers help keep parents up to date on these changes.

Resource List

Early Childhood Connection, PACER Center (September 1989 and Summer 1994).

Early Childhood Family Training Project: Workshop Guide, PACER Center (1989).

Early Intervention Advocacy Network, Mental Health Law Project, Washington, DC (1992).

Guidelines and Recommended Practices for the Individualized Family Service Plan, Second Edition, NEC*TAS (1991).

Public Law 99-457: Amendments to the Education of the Handicapped Act, ARCFACTS (1987).

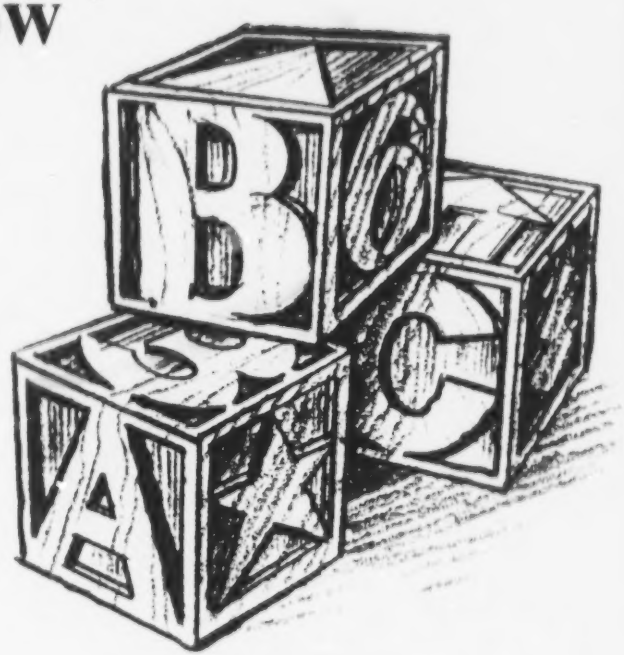
The Many Hats of Service Coordination, Interagency Early Childhood Intervention Project (IECIP) (January 1995).

Guidebook for Minnesota's Individual Family Service Plan (IFSP), State of Minnesota (September 1995).

Minnesota Special Education Due Process Standards, Minnesota Department of Education (August 1995).

Responsibilities of County Boards and School Districts to Provide Services for Children with Disabilities Under Age Five and Their Families, Report to the Minnesota Legislature (May 1991).

Acronyms You May Need To Know



ADA	Americans with Disabilities Act of 1990
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactive Disorder
AE	Age Equivalent
AOM	Assurance of Mastery
APE	Adaptive Physical Education
ASL	American Sign Language
CA	Chronological Age
CAC	Community Alternative Care Waiver
CADI	Community Alternatives for Disabled Individuals
CF	Cystic Fibrosis
CFL	Minnesota Department of Children, Families and Learning (formerly the Minnesota Department of Education)
CHCO	Children's Home Care Option (see also TEFRA)
COTA	Certified Occupational Therapist Assistant
CP	Cerebral Palsy
CPR	Cardio Pulmonary Resuscitation
CSSA	Community Social Services Act
DAPE	Developmental Adaptive Physical Education
DD	Developmental Delay or Developmental Disability
DHS	Department of Human Services
DS	Down Syndrome
EBD	Emotional/Behavioral Disorder
EC	Early Childhood
ECFE	Early Childhood Family Education

ECSE	Early Childhood Special Education
ECSU	Educational Cooperative Service Unit
EEG	Electroencephalogram
EHA	Education of Handicapped Children Act (later called IDEA; see also PL 101-476)
EPS	Early and Periodic Screening
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FAPE	Free and Appropriate Public Education
FAS/FAE	Fetal Alcohol Syndrome/Fetal Alcohol Effect
FERPA	Family Education Rights and Privacy Act
HI	Hearing Impaired
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education Act of 1990
IECIP	Interagency Early Childhood Intervention Project
IEP	Individualized Education Plan
IEIC	Interagency Early Intervention Committee
IFSP	Individualized Family Service Plan
IHP	Individualized Habilitation Plan
IQ	Intelligence Quotient
ISD	Independent School District
ISP	Individualized Service Plan
LD	Learning Disability
LEA	Local Education Agency
LRE	Least Restrictive Environment
MA	Medical Assistance (Medicaid)
MA	Mental Age
MCH	Maternal and Child Health
MCSHN	Minnesota Children with Special Health Needs (under Minnesota Department of Health)
MD	Muscular Dystrophy
MDE	Minnesota Department of Education (now Department of Children, Families and Learning)
MH	Mental Health
MI	Mental Illness
MMH	Mild-Moderate Mentally Impaired
MR	Mental Retardation
MC/RC	Home & Community Based Waiver for Persons with Mental Retardation or Related Conditions (Title 19)
MS	Multiple Sclerosis
MSA	Minnesota Supplemental Aid
MSMI	Moderate-Severe Mentally Impaired
NICU	Neonatal Intensive Care Unit
OHI	Other Health Impairments
OT	Occupational Therapy
PAC	Parent Advisory Council
PCA	Personal Care Attendant
PDD	Pervasive Developmental Disorder

PHN	Public Health Nurse
PI	Physically Impaired
PKU	Phenylketonuria
PL	Public Law
PL 94-142	Education of Handicapped Children Act of 1975 (now PL101-476)
PL 99-457	Education of the Handicapped Amendment of 1986 (relates to infants and toddlers) (now PL 101-476)
PL 101-476	Individuals with Disabilities Education Act of 1990 (IDEA) (formerly PL 94-142 & PL 99-457)
PL 105-15	Individuals with Disabilities Education Act of 1997 (IDEA) (formerly PL 101-476)
PT	Physical Therapy
SD	Standard Deviation
SEA	State Education Agency
SEAC	Special Education Advisory Committee
Section 503/504	Sections of the Rehabilitation Act of 1973 that focus on affirmative action (503) and preventing discrimination (504)
SLD	Specific Learning Disability
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SW	Social Worker
TBI	Traumatic Brain Injury
TDD	Telecommunication Device for the Deaf (also see TTY)
TEFRA	Tax Equity and Fiscal Responsibility Act of 1988 or PL 97-248 (see also CHCO)
TTY	Teletypewriter
VI	Visual Impairment
WS	Waivered Services

Terms

Advocate — is someone who takes action to help someone else as in "educational advocate;" it also means to take action on someone else's behalf.

Amendment — is a change, revision, or addition made to a law.

Appeal — is a written request for a change in a decision or the act of making such a request.

Appropriate — means, in special education, that a service meets the educational needs of the child.

Assessment — is a collecting and bringing together of information about a child's learning needs; it is a process using observation, testing, and test analysis to determine an individual's strengths and weaknesses to plan his or her educational services.

Assessment team — is a team of people from different areas of expertise who observe and test a child to find out his or her strengths and needs.

Child Find — is a service directed by each state's Department of Education for locating, identifying, and serving children with disabilities.

Cognitive — is a term that describes the process people use for remembering, reasoning, understanding, and using judgment.

Counseling — is advice or help given by someone qualified to give such advice or help (often psychological counseling).

County case management — is the coordination of county services and programs for eligible persons by a county social worker.

Developmental — means having to do with the steps or stages in growth and development of a child.

Developmental assessments — are standardized measures of a child's development as it compares to the development of other children at that age.

Developmental history — is the developmental progress of a child in such skills as sitting, walking, and talking.

Disability — is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc.

Due process procedure — is an action that protects a person's rights; in special education this applies to action taken to protect the educational rights of students with disabilities.

Early intervention services or programs — are programs or services designed to identify and serve developmental needs as early as possible.

Eligible — means able to qualify.

Evaluating — means assessing a child's special learning needs.

Evaluation — is a way of collecting information about a student's learning needs, strengths, and interests; the evaluation is part of the process of determining whether a student qualifies for special education programs and services.

Family assessment — is a family-directed identification of the needs of the family related to the development of the child.

Financial worker — is a person employed by a county to administrate financial assistance programs such as Medical Assistance, TEFRA, and other financial assistance programs.

Free, appropriate public education (often referred to as FAPE) — is one of the key requirements of IDEA, which requires that an education program be provided for all eligible children with disabilities without cost to families; the exact definition of "appropriate" is not defined but instead is based on an individual's needs.

Interagency Coordinating Council (ICC) — is the state level council that advises the lead agency on issues related to early intervention services.

Interagency Early Intervention Committee (IEIC) — is the local level committee responsible for planning and coordinating early intervention services among local agencies.

Individualized Education Plan (IEP) — is a written education plan for students ages 3 to 22 with disabilities developed by a team of professionals (teachers, therapists, etc.) and the child's parent(s) and is reviewed and updated yearly; contains a description of the child's level of development, learning needs, goals and objectives, and services the child will receive.

Individualized Family Service Plan (IFSP) — is a written plan for an infant or toddler (ages birth through 2 years old) and his or her family which may be interagency in nature; it is developed by a team of people who have worked with the child and the family and is reviewed and updated yearly; it contains a description of the child's level of development, needs of the child and family, outcomes and objectives, and services to be provided.

Lead agency — is the agency within a state or area in charge of overseeing and coordinating early childhood programs and services; in Minnesota, the state lead agency is the Department of Children, Families and Learning. Local communities may identify a local lead agency.

Least Restrictive Environment (LRE) — is the educational setting or program that provides a student with as much contact as possible with children without disabilities while still appropriately meeting all of the child's learning and physical needs.

Natural environment — means a setting where children of a particular age would typically be found.

Occupational therapy — is therapy or treatment provided by an occupational therapist that helps an individual develop mental or physical skills that will aid in daily living; it focuses on the use of hands and fingers, on coordination of movement, and on self-help skills such as dressing, eating with a fork and spoon, etc.

Parent training and information centers (PTIs) — are federally-funded centers (such as PACER) in each state that provide information to parents of children with disabilities about their rights to access services, work with schools and educators to ensure an appropriate educational placement for their child, understand the methods of testing and evaluating a child with a disability, resolve differences, and make informed decisions about their child's needs. (See PTI list in Appendix.)

Personal care attendant (PCA) — is a person usually employed by a home care agency who assists persons who have disabilities with activities of daily living (ADLs).

Physical therapy — is a therapy or treatment provided by a physical therapist that helps improve the use of bones, muscles, joints, and/or nerves.

Placement — is the classroom, program, and/or therapy that is selected for a student with a disability.

Psychosocial development — is the psychological development of a person in relation to his or her social environment.

Psychologist — is a specialist in the field of psychology who usually has a Master's degree or Ph.D. in psychology.

Public agency — is an agency, office, or organization that is supported by public funds and serves the community at large.

Public Law (P.L.) 94-142 — is a law passed in 1975 requiring that public schools provide a "free, appropriate public education" to eligible children ages 3-22, regardless of disability. It is also called the Education for all Handicapped Children Act and is now known as the Individuals with Disabilities Education Act or IDEA.

Public Law (P.L.) 99-457 — is an amendment to P.L. 94-142 passed in 1986 which requires states and territories to provide a "free, appropriate public education" to all eligible children ages 3-5 by school year 1991-92; it provides funds for states and territories to offer programs and services to infants and children ages birth through 2 years with disabilities. Minnesota requires the provision of special education services beginning at birth for eligible children.

Related services — includes transportation and developmental, corrective, and other support services that a child with disabilities requires in order to benefit from special education; examples of related services include: audiology, psychological services, physical and occupational therapy, recreation, counseling services, interpreters for persons who are deaf or hard of hearing, and medical services for diagnostic and evaluation purposes.

Respite — is a temporary break from providing care for a child with a disability.

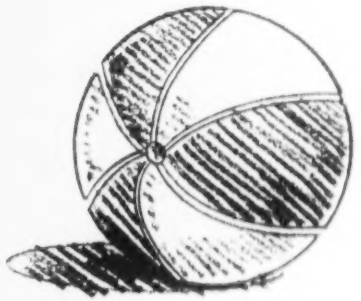
Service coordinator — is someone who acts as a coordinator of IFSP services for children ages birth through two and works in partnership with the family and providers.

Special education — is programs, services, or specially designed instruction offered at no cost to families for children with disabilities who are eligible for such services.

Speech/language therapy — is therapy or treatment by a speech therapist to improve speech and/or language, communication, or oral-motor skills.

TEFRA — is a federal program that provides Medical Assistance to eligible children; it is administered through counties.

Waivered services — are federal programs that use Medicaid dollars for community based services; these services are administered through counties.



Suggested Reading

Bloom, Beth-Ann; Seljeskog, Edward. *A Parent's Guide to Spina Bifida.* Minneapolis, MN: University of Minnesota Press, 1988. This book includes clear and practical information for parents when their baby is diagnosed as having spina bifida.

Coleman, Jeanine. *Early Intervention Dictionary.* Rockville, MD: Woodbine House, 1993. This book is a guide to multidisciplinary terminology.

Dickman, Irving. *One Miracle at a Time.* New York: Simon & Schuster, 1993. This book contains ideas and suggestions for families, based on interviews with hundreds of families of children with disabilities. It is realistic and hopeful.

Featherstone, Helen. *Difference in the Family.* New York: Basic Books, 1981. Written by an educator who is also the mother of a child with severe multiple disabilities, this book examines how a disability in a child affects both the family and professionals. This is an outstanding book for parents.

Finston, Peggy. *Parenting Plus.* New York: Dutton, 1990. This parenting book deals with the special issues and concerns of parents who are raising children with disabilities or who are chronically ill.

Geralis, Elaine, ed. *Children with Cerebral Palsy.* Rockville, MD: Woodbine House, 1991. This book is a comprehensive reference for families of children with cerebral palsy. It contains information about the child's needs in health care, home care, education, legal rights, and long-term care.

Haerle, Tracy, ed. *Children with Tourette Syndrome.* Rockville, MD: Woodbine House, 1992. This book is a thorough reference for parents of children with Tourette Syndrome.

Jones, Monica Loose. *Home Care for the Chronically Ill and Disabled Child.* New York: Harper & Row, 1985. This book contains specific information about choosing and working with health care professionals, meeting the daily needs of children with disabilities or chronic illnesses at home, and helpful ideas on the social, educational, and recreational needs of children.

McElroy, Evelyn, ed. *Children and Adolescents with Mental Illness.* Rockville, MD: Woodbine House, 1988. This book includes information from doctors, nurses, educators, and parents about dealing with the systems that serve children with emotional disturbances.

Ogden, Paul. *Silent Garden.* St. Martin's Press, 1996. This book provides useful information to parents of children with hearing loss. Includes information on various modes of communication.

Powers, Michael, ed. *Children with Autism.* Rockville, MD: Woodbine House, 1989. This book contains information, a reading list, glossary, and resource guide.

Reisner, Helen, ed. *Children with Epilepsy.* Rockville, MD: Woodbine House, 1988. This is an excellent resource for parents to learn about epilepsy and how to cope with it and surrounding issues.

Schwartz, Sue; and Heller Miller, Joan. *The New Language of Toys: Teaching Communication Skills to Children with Special Needs.* Rockville, MD: Woodbine House, 1996. This book contains background information on language development and delays. The authors offer detailed suggestions for how to use toys along with sample language dialogues arranged sequentially by language developmental age from birth to 60 months.

Scott, Eileen P. *Can't Your Child See? A Guide for Parents and Professionals.* Austin, TX.: Pro-Ed, 1994. This book is designed to help parents raise a child who is visually impaired. There are practice suggestions to help parent and child through the different stages of growth. A chapter is included on the child who is blind and has multiple disabilities.

Segal, Marilyn. *In Time and With Love.* New York: Newmarket Press, 1988. The author shares both professional and personal experiences and knowledge in raising a young child with a disability.

Simons, Robin. *After the Tears.* New York: Harcourt Brace Jovanovich, 1987. This book shares stories from families of children with disabilities. They share stories of anguish and of hope.

Stray-Gundersen, Karen. *Babies with Down Syndrome.* Rockville, MD: Woodbine House, 1995. Written by professionals and parents, this book covers everything new parents need to know about rearing these special children in a loving environment.

Trainer, Marilyn. *Differences in Common.* Rockville, MD: Woodbine House, 1991. This book is subtitled, "Straight Talk on Mental Retardation, Down Syndrome, and Life."

Winton, Pamela; Turnbull, Ann; Blacher, Jan. *Selecting a Preschool.* Baltimore, MD: University Park Press, 1984. This a guide for parents on selecting a preschool for a child with a disability.

Wolery, Mark; Wilbers, Jans, ed. *Including Children with Special Needs in Early Childhood Programs.* Washington, DC: National Association for the Education of Young Children, 1994. This book contains research and implications for creating inclusive programs for children.

Minnesota Board of Education Special Education Rules

For Early Childhood Education

Effective September 5, 1995

3525.1349 **Renumbered 3525.1356**

3525.1350 EARLY CHILDHOOD EDUCATION.

Subpart 1. **Definition.** Early childhood special education must be available to pupils from birth to seven years of age who have a substantial delay or disorder in development or have an identifiable sensory, physical, mental, or social/emotional condition or impairment known to hinder normal development and need special education.

Subp. 2. **Criteria for birth through two years of age.** The team shall determine that a child from birth through the age of two years and 11 months is eligible for early childhood special education if:

A. the child meets the criteria of one of the disability categories; or

B. the child meets one of the criteria in subitem (1) in addition to criteria in subitems (2) and (3):

(1) the child:

(a) has a medically diagnosed syndrome or condition that is known to hinder normal development including, but not limited to, cerebral palsy, chromosome abnormalities, fetal alcohol syndrome, maternal drug use, neural tube defects, neural muscular disorders, cytomegalovirus, grades III and IV intracranial hemorrhage, and bronchopulmonary dysplasia (BPD);

(b) has a delay in overall development demonstrated by a composite score of 1.5 standard deviations or more below the mean on an assessment using at least one technically adequate, norm-referenced instrument that has been individually administered by an appropriately trained professional; or

(c) is less than 18 months of age and has a delay in motor development demonstrated by a composite score of 2.0 standard deviations or more below the mean on an assessment using technically adequate, norm-referenced instruments. These instruments must be individually administered by an appropriately trained professional;

(2) the child's need for instruction and services is supported by at least one documented, systematic observation in the child's daily routine setting by an appropriate professional. If observation in the daily routine setting is not possible, the alternative setting must be justified;

(3) corroboration of the development or medical assessment with a developmental history and at least one other assessment procedure that is conducted on a different day than the medical norm-referenced assessment. Other procedures may include parent report, language sample, criterion-referenced instruments, or developmental checklists.

Subp. 3. **Criteria for three through six years of age.** The team shall determine that a child from the age of three years through the age of six years and 11 months is eligible for early childhood special education when:

A. the child meets the criteria of one of the disability categories; or

B. the child meets one of the criteria in subitem (1) in addition to criteria in subitems (2) and (3):

(1) the child:

(a) has a medically diagnosed syndrome or condition that is known to hinder normal development including cerebral palsy, chromosome abnormalities, fetal alcohol syndrome, maternal drug use, neural tube defects, neural muscular disorders, cytomegalovirus, grades III and IV intracranial hemorrhage, and bronchopulmonary dysplasia (BPD); or

(b) has a delay in each of two or more areas of development that is verified by an assessment using technically adequate, norm-referenced instruments. Subtests of instruments are not acceptable. The instruments must be individually administered by appropriately trained professionals and the scores must be at least 1.5 standard deviations below the mean score in each area;

(2) the child's need for special education is supported by at least one documented, systematic observation in the child's daily routine setting by an appropriate professional. If observation in the daily routine setting is not possible, the alternative setting may be justified.

(3) corroboration of the development or medical assessment with a developmental history and at least one other assessment procedure in each area that is conducted on a different day than the medical or norm-referenced assessment.

Other procedures may include parent report, language sample, criterion-referenced instruments, or developmental checklists.

STAT AUTH: MS s 121.11; L 1994 c 647 art 3 s 23
HIST: 19 SR 2432

Parent Training and Information Centers

The addresses and phone numbers for Parent Training and Information Centers below are current through August 1, 1997. For more recent contact information, call PACER Center at (612) 827-2966 Voice or (612) 827-7770 TTY, or see PACER's World Wide Web page at www.pacer.org.

Alabama
Special Education Action Committee Inc.
P.O. Box 161274
3207 International Drive, Suite C
Mobile AL 36616-2274
(334) 478-1208 Voice & TDD

Alaska
P.A.R.E.N.T.S. Resource Center
540 International Road, Suite 200
Anchorage AK 99518
(907) 563-2246 Voice & TDD

American Samoa
American Samoa PAVE
P.O. Box 3432
Pago Pago AS 96799
011-(684) 633-2407

Arizona
Pilot Parent Partnerships
4750 N. Black Canyon Hwy, Suite 101
Phoenix AZ 85017-3621
(602) 242-4366 Voice & TDD

Arkansas
Arkansas Disability Coalition
3920 Woodland Heights Road
Little Rock AR 72212
(501) 221-1330 Voice & TDD

Arkansas
FOCUS, Inc.
305 West Jefferson Ave.
Jonesboro AR 72401
(870) 935-2750 Voice/TDD

California
DREDF
2212 Sixth Street
Berkeley CA 94710
(510) 644-2555 (TDD available)

California
Exceptional Parents Unlimited
4120 N. First St.
Fresno CA 93726
(209) 229-2000

California
Family Network of CA
594 Monterey Blvd.
San Francisco CA 94127-2416
(415) 841-8820

California
Matrix
555 Northgate Drive, Suite A
San Rafael CA 94903
(415) 499-3877 Voice
(415) 499-3854 TDD

California
Parents Helping Parents
3041 Olcott St.
Santa Clara CA 95054-3222
(408) 727-5775 Voice
408-727-7655 TDD

California
Support for Parents
2601 Mission #710
San Francisco CA 94110-3111

California
TASK
100 West Cerritos Ave.
Anaheim CA 92805-6546
(714) 533-8275

California
TASK, San Diego
3750 Convoy St., Suite 303
San Diego CA 92111
(619) 874-2386

Colorado
PEAK Parent Center, Inc.
6055 Lehman Drive, Suite 101
Colorado Springs CO 80918
(719) 531-9400
(719) 531-9403 TDD

Connecticut
CPAC
5 Church Lane, Suite 4
P.O. Box 579
East Lyme CT 06333
(860) 739-3089 Voice & TDD

Delaware
Parent Information Center (PIC)
700 Barksdale Road, Suite 3
Newark DE 19711
(302) 366-0152
(302) 366-0178 (TDD)

District of Columbia
COPE
300 I Street NE, Suite 112
Washington DC 20002
(202) 543-6482

Florida
Family Network on Disabilities
2735 Whitney Road
Clearwater FL 34620-1610
(813) 523-1130

Georgia
Parents Educating Parents (PEP)
8318 Durelee Lane, Suite 101
Douglasville GA 30134
(770) 577-7771

Hawaii
AWARE
200 N. Vineyard Blvd., Suite 310
Honolulu HI 96817
(808) 536-2280
(808) 536-9684 (Voice & TDD)

Idaho
Idaho Parents Unlimited, Inc.
4696 Overland Road, Suite 478
Boise ID 83705
(208) 342-5884 Voice & TDD

Illinois
Designs for Change
6 North Michigan Ave., Suite 1600
Chicago IL 60602
(312) 857-9292; (312) 857-1013 TDD

Illinois
Family Resource Center on Disabilities
20 E. Jackson Blvd., Room 900
Chicago IL 60604
(312) 939-3513
(312) 939-3519 TDD & TDY

Illinois
Family T.I.E.S. Network
830 South Spring
Springfield IL 62704
217-544-5809

Illinois
National Center for
Latinos with Disabilities
1921 South Blue Island
Chicago IL 60608
312-666-3393
TTY 312-666-1788

Indiana
IN*SOURCE
809 N. Michigan St.
South Bend IN 46601-1036
(219) 234-7101

Iowa
Call PACER (612-827-2966)
for contact information.

Kansas
Families Together, Inc.
3340 W Douglas, Ste 102
Wichita KS 67203
(316) 945-7747

Kentucky
Family Training & Information Center
2210 Goldsmith Lane, Suite 118
Louisville KY 40218
(502) 456-0923 or 800-525-7746

Louisiana
Project PROMPT
4323 Division Street, Suite 110
Metairie LA 70124-3179
(504) 888-9111

Maine
Special Needs Parents Info Network
P.O. Box 2067
Augusta ME 04338-2067
(207) 582-2504

Maryland
Parents Place of Maryland, Inc.
7257 Parkway Drive, Suite 210
Hanover MD 21076-1306
(410) 712-0900 Voice & TDD

Massachusetts
Federation for Children
with Special Needs
95 Berkeley St., Suite 104
Boston MA 02116
(617) 482-2915 (Voice and TTY)

Michigan
CAUSE
3303 W. Saginaw, Suite F-1
Lansing MI 48917-2303
(517) 886-9167 Voice & TDD & TDY

Michigan
Parents are Experts
23077 Greenfield Road, Suite 205
Southfield MI 48075-3744
(248) 557-5070 Voice & TDD

Minnesota
PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis MN 55417-1098
(612) 827-2966 (Voice)
(612) 827-7770 (TTY)

Mississippi
Parent Partners
3111 North State St.
Jackson MS 39216
601-366-5707

Mississippi
Project Empower
1427 S. Main, Suite 8
Greenville MS 38701
601-332-4852

Missouri
Missouri Parents Act
2100 S. Brentwood, Suite G
Springfield MO 65804
(417) 882-7434 (TDD)

Missouri
Missouri Parents Act
8631 Delmar Blvd., Suite 300
St. Louis MO 63124-1992
(314) 997-7622 (Voice & TDD)

Missouri
Missouri Parents Act
3100 Main, Suite 303
Kansas City MO 64111
(816) 531-7070 (Voice/TDD)

Missouri
Parent Education & Advocacy Resource
3100 Main, Suite 303
Kansas City MO 64111
816-531-7070 / 931-2992 TDD

Montana
Parents Let's Unite for Kids
1500 North 30th St., Room 183
Billings MT 59101-0298
(406) 657-2055

Nebraska
NE Parents' Info & Training Center
3610 Dodge St., Suite 102
Omaha NE 68131
(402) 346-0525 Voice & TDD

Nevada
Nevada Parents Encouraging Parents
6910 Edna Avenue
Las Vegas NV 89117-3004
(702) 248-6711

New Hampshire
Parent Information Center
P.O. Box 2405
Concord NH 03302-2405
(603) 224-7005 (Voice & TDD)

New Jersey
Statewide Parent Advocacy Network
35 Halsey Street, 4th Floor
Newark NJ 07102
(973) 642-8100 Voice

New Mexico
EPICS Project
P.O. Box 788
Bernalillo NM 87004
(505) 867-3396, ext. 109

New Mexico
Parents Reaching Out, Project ADOBE
1000-A Main St. NW
Los Lunas NM 87031
(505) 865-3700 Voice & TDD

New York
Advocates for Children of NY
105 Court Street, Ste. 402
Brooklyn NY 11201
(718) 624-8450

New York
Parent Network Center
250 Delaware Avenue, Suite 3
Buffalo NY 14202
(716) 853-1570
(716) 853-1573 TTD

New York
Resources for Children
with Special Needs
200 Park Ave. S., Suite 816
New York NY 10003
(212) 677-4650

New York
Sinergia/Metropolitan Parent Center
15 West 65th St., 6th Floor
New York NY 10023
212-496-1300

North Carolina
ECAC, Inc.
P.O. Box 16
Davidson NC 28036
(704) 892-1321

North Dakota
Native American Family Network System
Arrowhead Shopping Center
16th Street and 2nd Avenue SW
Minot ND 58701
(701) 852-9426
(701) 852-9436 TDD

North Dakota
Pathfinder Family Center
Arrowhead Shopping Center
16th St. and 2nd Ave. SW
Minot ND 58701
(701) 852-9426
(701) 852-9436 TDD

Ohio
Child Advocacy Center
1821 Summit Road, Suite 303
Cincinnati OH 45237
(513) 821-2400

Ohio
OCECD
Bank One Building
165 West Center St., Suite 302
Marion OH 43302-3741
(614) 382-5452 Voice & TDD

Ohio
OCECD
933 High St., Suite 106B
Worthington OH 43085
(614) 431-1307

Oklahoma
Parents Reaching Out in OK
1917 S. Harvard Avenue
Oklahoma City OK 73128
(405) 681-9710

Oregon
Oregon COPE Project
999 Locust St. NE, Box B
Salem OR 97303
(503) 581-8156 Voice & TDD

Pennsylvania
Parent Education Network
333 East Seventh Avenue
York PA 17404
(717) 845-9722 Voice & TDD

Pennsylvania
Parents Union for Public Schools
311 S. Juniper St., Suite 602
Philadelphia PA 19107
(215) 546-1166

Puerto Rico
Parents Training Parents by APNI
P.O. Box 21301
San Juan PR 00928-1301
(787) 763-4665
765-0345 (Phone & FAX)

Rhode Island
RI Parent Information Network
500 Prospect Street
Pawtucket RI 02860
(401) 727-4144 / (401) 727-4151 TDD

South Carolina
PRO-PARENTS
2712 Middleburg Drive, Suite 102
Columbia SC 29204
(803) 779-3859 Voice & TDD

South Dakota
South Dakota Parent Connection
3701 West 49th St., Suite 200B
Sioux Falls SD 57106
(605) 361-3171 Voice & TDD

Tennessee
STEP
424 E. Bernard Ave., Suite 3
Greeneville TN 37745
(423) 639-0125 / 636-8217 TDD

Texas
Partners Research Network Inc.
1090 Longfellow Drive, Suite B
Beaumont TX 77706-4889
(409) 898-4684 Voice & TDD

Texas
Project PODER
1017 N. Main Ave., Suite 207
San Antonio TX 78212
(210) 222-2637

Utah
Utah Parent Center
2290 East 4500 S., Suite 110
Salt Lake City UT 84117
(801) 272-1051

Vermont
Vermont Parent Information Center
1 Mill Street, Suite A7
Burlington VT 05401
(802) 658-5315 Voice & TDD

Virgin Islands
V.I. FIND
#2 Nye Gade
St. Thomas
U.S. Virgin Islands 00802
(340) 775-3962 Voice & Fax

Virginia
Parent Educational Advocacy
Training Center
10340 Democracy Lane, Suite 206
Fairfax VA 22030
(703) 691-7826

Washington
PAVE / STOMP
10209 Bridgeport Way SW #A5
Tacoma WA 98499
(253) 588-1741 Voice & TTY

Washington
Washington PAVE
6316 South 12th
Tacoma WA 98465-1900
(253) 565-2266 (Voice & TDD)

West Virginia
West Virginia PTI
371 Broaddus Ave
Clarksburg WV 26301
(304) 624-1436 Voiçe & TTY

Wisconsin
Parent Education Project of Wisconsin
2192 South 60th Street
West Allis WI 53219-1568
(414) 328-5520 Voice
(414) 328-5525 TDD

Wyoming
Wyoming PIC
5 North Lobban
Buffalo WY 82834
(307) 684-2277 Voice & TDD